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PROGRAM MEMO

TO: **AREA AGENCIES ON AGING (AAA)**	NO.: PM 02- 12 (P)
SUBJECT: **New Health Insurance Counseling and Advocacy Program (HICAP) Performance Reports**	DATE ISSUED: May 16, 2002
	EXPIRES: **Until superseded**
REFERENCES: **Attached Performance Report Forms HICAP Data Training materials**	SUPERSEDES: PM 00-14 (P) (HICAP form only) PM 01-11 (Checklist only)
PROGRAMS AFFECTED: [ ] All [ ] Title III-B [ ] Title III-C1/C2 [ ] Title III-D [ ] Title III-F [**X**] Title V [**X**] CBSP [**X**] HICAP [ ] MSSP [ ] Title VII [ ] ADHC [**X**] Title III-E FCSP [ ] Other:	
REASON FOR PROGRAM MEMO: [ ] Change in Law or Regulation [ ] Response to Inquiry [**X**] Other Specify: Changes in CMS grant conditions.	
INQUIRIES SHOULD BE DIRECTED TO**: Your assigned AAA-Based Team or the Data Analysis and Regulations Team at (916) 322-0982.**	

The purpose of this Program Memo (PM) is to issue new Performance Reports and model forms for HICAP, to provide notice of the implementation date, and to establish submission dates for the reports. The new forms will be effective as of July 1, 2002. Because of these HICAP changes, an updated Checklist Coversheet for Paper Program Reports has been developed and is attached and includes HICAP reports as well as reports for Title III-E Family Caregiver Support Program, Title V Senior Community Employment Program, Brown Bag Program, Respite Program, Foster Grandparent Program, and Senior Companion Program. No substantive changes have been made to these programs.

Performance Report and model forms were developed due to new reporting requirements issued by the federal Centers for Medicare and Medicaid Services (CMS). These forms were designed to comply with both State and federal CMS data reporting needs, as well as to gather information that better reflects the performance of the program.

This package contains:

1. Intake/Counseling Form (model)
2. Public and Media Form (model)
3. Aggregate Counseling Activity Report (Performance Report, Part 1), CDA 264
4. Aggregate Public and Media Activity Report (Performance Report, Part 2), CDA 265
5. Annual Resource Report, (Performance Report, Part 3), CDA 266

The Intake/Counseling and Public and Media forms are **model forms** and may be modified. However, changes (with the exception of those data fields listed below found on the Intake/Counseling Form) must receive prior approval from the California Department of Aging (CDA). All requests should be directed to your assigned HICAP analyst. CDA will respond within ten working days to confirm the forms meet standards.

The following fields are recommended for use, but are optional and may be deleted from the Intake/Counseling Form without prior approval from CDA.

- ID number
- Medicare number
- Medicare enrollment
- Veteran
- Where did you hear about HICAP?
- Technical assistance needed
- Follow up needed
- Referral to: Legal-Other, Medi-Cal, Social Security Administration, LTC Ombudsman
- Name of counseling location/ZIP code

The three State Performance Reports, CDA 264, 265, and 266, cannot be modified. These forms, collectively, supersede the Monthly Performance Report, CDA 243, issued in PM-00-14 (P) on June 19, 2000.

CDA conducted a training for all HICAP and AAA staff responsible for HICAP data on March 5, 2002 in Sacramento. A HICAP Performance Reporting Manual, including instructions and forms, was distributed in both hardcopy and electronic formats.[1]

Submission Dates for Performance Reports:

[1] Corrections were made to some of the instructions and forms and sent to all participants on April 8, 2002. Any AAA or HICAP not in attendance at the training was mailed an updated manual and CD.

1. AAAs shall collect information for the following forms on a monthly basis, then batch and submit the reports to CDA on a quarterly basis. Quarterly reports are due on ***October 31, January 31, April 30, and July 31***.

   - Aggregate Counseling Activity Report (Performance Report, Part 1), CDA 264
   - Aggregate Public and Media Activity Report (Performance Report, Part 2), CDA 265

2. Submit the Annual Resource Report (Performance Report, Part 3), CDA 266 to CDA on ***July 31.*** This report should be submitted with the other 4th quarter reports (264 and 265), due at the same time.

Transmission of Reports: Paper reports will continue to be accepted.

PLEASE NOTE: CDA is currently investigating the option of submitting reports electronically. Detailed information will be issued separately in the near future.

Original Signed by Lynda Terry

Lynda Terry
Director

cc: California Health Advocates (CHA)

Attachments

State of California
CDA 271 (rev. 4/02)

Department of Aging

Checklist Cover Sheet for Paper Program Reports

This cover sheet must accompany each submission of paper data reports.
Check all Programs and Months that apply. The enclosed packet contains the following paper reports for State Fiscal Year _____- _____
Send reports to: California Department of Aging, DART Reports, 1600 K Street, Sacramento, CA 95814

PSA #	Brown Bag	HICAP		Respite	Senior Employment	FCSP	FCSP
		Counseling	Media			Service	Profile
Quarter 1							
July	☐	☐	☐	☐			
August	☐	☐	☐	☐			
September	☐	☐	☐	☐	☐	☐	
Quarter 2							
October	☐	☐	☐	☐			
November	☐	☐	☐	☐			
December	☐	☐	☐	☐	☐	☐	
Quarter 3							
January	☐	☐	☐	☐			
February	☐	☐	☐	☐			
March	☐	☐	☐	☐	☐	☐	
Quarter 4							
April	☐	☐	☐	☐			
May	☐	☐	☐	☐			
June	☐	☐	☐	☐	☐	☐	
Annual		☐					☐

I state that, to the best of my knowledge, the information reported in the enclosed reports is true and accurate.

Print name: _____ Phone Number: (____)_____

Authorized Signature/Title: _____ Date: _____

All Information Is Confidential

Health Insurance Counseling and Advocacy Program (HICAP)

Model Form

INTAKE/COUNSELING FORM

I.D. No.:		Medicare Number(s):
Opening Date:	**Closing Date:**	Medicare Enrollment: ☐ Part A ☐ Part B

SECTION 1- BENEFICIARY INFORMATION

Assistance Requested by: (choose one only)

☐ Beneficiary/Self
☐ Couple
☐ Agency Representative
☐ Caregiver/Representative (family member, conservator)

Client Name:		**Date of Birth:**	
Address:		**Telephone Number:**	
City:	**State:**	**County:**	**ZIP Code:**
Client Representative:		**Telephone Number:**	

☑ The **DISCLOSURE STATEMENT** has been read, given, and/or mailed to the client. ☐ YES

Client's first contact with HICAP since July 1? If **YES,** complete SECTION 2. If **NO**, go to SECTION 3**.**

SECTION 2 - CLIENT PROFILE/DEMOGRAPHICS

Ethnicity/Race (Check One)

☐ Hispanic/Latino Origin
☐ Caucasian/White
☐ African American/Black
☐ American Indian/Alaskan Native
☐ Asian
- ____ Asian Indian
- ____ Cambodian
- ____ Chinese
- ____ Filipino
- ____ Japanese
- ____ Korean
- ____ Laotian
- ____ Vietnamese
- ____ Other Asian: _____

☐ Native Hawaiian/Pacific Islander
- ____ Guamanian
- ____ Hawaiian
- ____ Samoan
- ____ Other Pacific Islander: _____

☐ Other Race: _____
☐ Not Collected

Gender

☐ Female
☐ Male
☐ Not Collected

Age

☐ Under 60
☐ 60-64
☐ 65-74
☐ 75-84
☐ 85 +
☐ Not Collected

Marital Status

☐ Married
☐ Single
☐ Separated
☐ Divorced
☐ Widowed
☐ Not Collected

Medicare Status due to Disability

☐ Yes
☐ No
☐ Not Collected

Veteran

☐ Yes ☐ No

Monthly Income

☐ Less than or equal to SLMB Rate
☐ Greater than SLMB
☐ Not Collected

Name of Client:	I.D. #:

SECTION 3 – CLIENT NEEDS/COUNSELING TOPICS DISCUSSED (check all that apply)

Client Needs Matrix

	Medicare + Choice	Medigap/ Select	LTCI	Original Medicare	Medi-Cal	Other
Enrollment/Eligibility/ Coverage	☐	☐	☐	☐	☐ QMB ☐ SLMB/QI-1 ☐ QI-2 ☐ SSI ☐ Other Medi-Cal	☐ Employer Health Plan or FEHB ☐ COBRA ☐ Military Health Benefits ☐ Customer Service Issues ☐ Other Topics:
Billing/Claims	☐	☐	☐	☐		
Abuse/Fraud	☐	☐	☐	☐		
Grievances/Appeals	☐	☐	☐	☐		
Change Coverage/ Non-renewals	☐	☐	☐			
Comparisons	☐	☐	☐			
Denial of Service	☐					
Re-enrollment	☐					
Retro. Disenrollment	☐				☐ Discussed Prescription Drug Assistance	

Contact Log

Date	Counseling Hours	Travel Hours	Mode*
TOTAL			

***Legend:**
T = Telephone

IPS = In person (site)

IPH = In person (home)

M = Postal Mail/ Email/fax

Where did you hear about HICAP?

☐ Newspaper
☐ Radio/TV
☐ Family/Friends
☐ Community Forum

Name of Client:	I.D.#:

SECTION 4 – NOTES: PROBLEM/ACTION/RESOLUTION
(add more pages if needed)

Estimated Financial Benefits from Counseling $_____

Tech. Assist. Needed ☐ Yes ☐ No	**Follow-up Needed** ☐ Yes ☐ No

Prior Program Manager Consultation Required

Referral to: ☐ HICAP-Legal ☐ Legal-Other ☐ Medi-Cal ☐ Social Security Admin. ☐ LTC Ombudsman

Complaint filed with: ☐ CDI ☐ DMHC ☐ DHS ☐ CMS ☐ CMRI

Counselor Name:	Name of Counseling Location/ZIP Code:	PM Initials:	Date:

Public and Media Activity Form

SECTION 1 – ACTIVITY INFORMATION

Type of Activity (check only one): **REACH Event** **Yes** ☐ **No** ☐

Education	**Estimated # of attendees/ audience potentially reached**	**# of times re-aired/ reprinted, etc**
☐ Interactive Presentation to Public (Seminar)		
☐ TV, Cable Show (not PSA or Ad)		
☐ Radio Show (not PSA or Ad)		
☐ Print Media/Articles (not PSA or Ad)		
☐ Web site Event (Forum, Chatroom)		
Outreach		
☐ Electronic (TV and Radio PSAs & Ads)		
☐ Printed Outreach (PSAs, Ads, Mailings, etc.)		
☐ Booths/Exhibits at Fairs/Mobile Info. Vans, etc.		

Date(s) of Activity:
(If multiple dates apply, please complete both)

Duration of Activity: _____ Hours

____/____/____ through ____/____/____
MM DD YY MM DD YY

Event or Group Name:	**Location (Address/City/State/ZIP Code):**	**County:**

Primary Presenter/Contact: _____ **Phone:** _____

Presenter is: (check one) ☐ HICAP Paid Staff ☐ HICAP Volunteer

_____

(check one) ☐ General Community Educator ☐ LTC Community Educator

Other Presenters/Consultants:

Name:	Org:	Phone:
Name:	Org:	Phone:

Total Travel Hours:	

Public and Media Activity Form

SECTION 2 – TOPIC FOCUS (Select up to 3)	
☐ Original/Traditional/Basic Medicare	☐ Medicare + Choice/Managed Care
☐ Non-renewal Situation	☐ Dual Eligible, QMB/SLMB, Medi-Cal
☐ LTC/ LTCI/Home Health	☐ Preventive Benefits
☐ Medigap/Medicare Supplements	☐ General HICAP Program Information
☐ Medicare Fraud and Abuse	☐ Other (health topics – ESRD, diabetes):
☐ Prescription Drug Assistance	

SECTION 3 – TARGET AUDIENCE (Rank up to 3)	
___ Medicare Beneficiaries and/or Pre-enrollees	___ American Indian
___ Family members/Caregivers	___ African American
___ Low-income	___ Disabled
___ Less than High School Diploma or Equivalent	___ Rural
___ Asian/Pacific Islander	___ Limited/Non-English Speaking Language:
___ Eskimo and Aleut	___ Other (please describe):
___ Hispanic/Latino	

SECTION 4 – OTHER	
Literature Provided:	**Quantity**
HICAP Brochure (not education)	
Taking Care of Tomorrow	

Comments:

Health Insurance Counseling and Advocacy Program (HICAP)

Aggregate Counseling Activity Report

Name of Agency Reporting:	Report Submission Date:	Report for the Month of:
Person Completing Report:	Telephone Number:	PSA #:

SECTION 1 – CLIENT CONTACTS

Assistance Requested by:	**Total**	***Total Number of Quick Telephone Calls (less than 10 min.):***	**Total**
Beneficiary			
Couple		***Total Number of Active Counselors:***	**Total**
Caregiver/Representative		Volunteers	
Agency Representative		Staff	
Total Number of Client Contacts:	**Total**	Total	
1 Contact		***Of All Total Contacts, How Many Were:***	**Total**
2 Contacts		Telephone	
3 Contacts		In-person (site)	
More than 3 Contacts		In-person (home visit)	
Total Number of Clients Served		Postal mail/e-mail/fax	
Estimated Financial Benefits From Counseling:	**Total**	***Total Time Spent Providing Counseling:***	**Total**
Number of Clients with Savings			
Total Dollars Saved			

SECTION 2 – CLIENT DEMOGRAPHICS

# of clients whose first contact with HICAP occurred since July 1	**Total**	***Gender***	**Total**
		Female	
		Male	
Ethnicity/Race	**Total**	Not Collected	
		Age	**Total**
Hispanic/Latino Origin		Under 60	
Caucasian/White		60-64	
African American/Black		65-74	
American Indian/Alaskan Native		75-84	
Asian		85+	
Asian Indian		Not Collected	
Cambodian		***Marital Status***	**Total**
Chinese		Married	
Filipino		Single	
Japanese		Separated	
Korean		Divorced	
Laotian		Widowed	
Vietnamese		Not Collected	
Other Asian		***Medicare status due to disability***	**Total**
Native Hawaiian/Pacific Islander		Yes	
Guamanian		No	
Hawaiian		Not Collected	
Samoan		***Monthly Income***	**Total**
Other Pacific Islander		Less than or equal to SLMB	
Other Race		Greater than SLMB rate	
Not Collected		Not Collected	

SECTION 3 – CLIENT NEEDS/COUNSELING TOPICS DISCUSSED			
a. Medicare + Choice	**Total**	**d. Original Medicare**	**Total**
Enrollment/Eligibility/Coverage		Enrollment/Eligibility/Coverage	
Billing/Claims		Billing/Claims	
Abuse/Fraud		Abuse/Fraud	
Grievances/Appeals		Grievances/Appeals	
Change Coverage/Non-renewal		**e. Medi-Cal**	**Total**
Comparisons		QMB	
Denial of Service		SLMB/QI-1	
Re-enrollment		QI-2	
Retro. Disenrollment		SSI	
b. Medigap/Supplemental/Select	**Total**	Other Medi-Cal	
Enrollment/Eligibility/Coverage		**f. Other**	**Total**
Billing/Claims		Employer Health Plan or FEHB	
Abuse/Fraud		COBRA	
Grievances/Appeals		Military Health Benefits	
Change Coverage/Non-renewal		Customer Service Issues	
Comparisons		Other Topics	
c. LTCI	**Total**	**g. Prescription Drug Assistance**	
Enrollment/Eligibility/Coverage		**h. Referrals**	**Total**
Billing/Claims		HICAP-Legal	
Abuse/Fraud		**i. Number of Complaints filed with:**	**Total**
Grievances/Appeals		CDI	
Change Coverage/Non-renewal		DMHC	
Comparisons		DHS	
		CMS	
		CMRI	

SECTION 4 – Legal Services (if applicable)			
	Total		**Total**
Legal Representation (# hours)		# Clients Served with Savings	
Legal Backup Activity (# hours)		Estimated Financial Benefits	
# Clients Served			

State of California
Department of Aging
CDA 265 (01/02 New)

Health Insurance Counseling and Advocacy Program (HICAP)

Performance Report Part 2

Aggregate Public and Media Activity Report

Name of Agency Reporting:	Report Submission Date:	Report for the Month of:
Person Completing Report:	Telephone Number:	PSA #:

SECTION 1 – ACTIVITY INFORMATION

Total # of Activities: REACH - Non-REACH -

Education	**Total # of Events or Activities**	**Total # Times Re-aired/# Reprinted, etc.**	**Total Estimated # of People Reached**
Interactive Presentation to Public (Seminar)			
TV, Cable Show (not PSA or Ad)			
Radio Show (not PSA or Ad)			
Print Media/Articles			
Web site Event (Forum, Chatroom)			
Outreach			
Electronic (TV and Radio PSAs & Ads)			
Printed Outreach (PSAs, Ads, Mailings)			
Booths/Exhibits/Mobile Info. Vans, etc.			

	Total # Hours for Length of Activities:	
Type of Presenters:		**Total**
HICAP Paid Staff		
HICAP Volunteer		
General Community Educator		
LTC Community Educator		
Other Presenters/Consultants		

Aggregate Public and Media Activity Report

SECTION 2 – TOPIC AREAS COVERED			
# of events/activities that covered:	**Total**		**Total**
Original/Traditional/Basic Medicare		Medicare + Choice/Managed Care	
Non-renewal Situation		Dual Eligible, QMB/SLMB, Medi-Cal	
LTC/LTCI/Home Health		Preventive Benefits	
Medigap/Medicare Supplements		General HICAP Program Information	
Medicare Fraud and Abuse		Other	
Prescription Drug Assistance			

SECTION 3 – TARGET AUDIENCE			
# of events/activities that targeted:	**Total**		**Total**
Medicare Beneficiaries and/or Pre-enrollees		American Indian	
Family Members/Caregivers		African American	
Low-income		Disabled	
Less than High School Diploma or Equivalent		Rural	
Asian/Pacific Islander		Limited/Non-English Speaking	
Eskimo and Aleut		Other	
Hispanic/Latino			

SECTION 4 – OTHER	
Literature Distributed:	**Total**
HICAP Brochure (not education)	
Taking Care of Tomorrow	
# of Visits/Visitors to Web site During the Month:	

State of California
Department of Aging
CDA 266 (01/02 New)

Health Insurance Counseling and Advocacy Program (HICAP)

Annual Resource Report

Performance Report Part 3

Name of Agency Reporting:	Report Submission Date:	12-Month Report Period: _____/_____ to _____/_____ Month/Year Month Year
Person Completing Report:	Telephone Number:	PSA #:

REGISTERED COUNSELORS	TOTAL	SECTION 3 - NUMBER OF OTHER STAFF & HOURS	TOTAL
# of Registered Counselors		A # HICAP Paid Other Staff	
SECTION 1 - NUMBER OF ACTIVE COUNSELORS & HOURS	**TOTAL**	b. # In-kind Paid Other Staff	
a. # Volunteer Counselors		c. # Volunteer Other Staff	
b. # HICAP Paid Counselors		d. HICAP Paid Other Staff Hours	
c. # In-kind Paid Counselors		e. In-kind Paid Other Staff Hours	
TOTAL # Counselors (a + b + c)		f. Volunteer Other Staff Hours	
d. Volunteer Counselor hours		**SECTION 4 - COUNSELOR TRAININGS**	**TOTAL**
e. HICAP Paid Counselor Hours		a. # Initial Training(s) for New HICAP Trainees	
f. In-kind Paid Counselor Hours		b. # New HICAP Trainees Attending **Initial #** Training(s)	
TOTAL # Counselor Hours (d + e + f)		c. # Trainee Hours in Initial Training(s)	
SECTION 2 - NUMBER OF LOCAL PROGRAM MANAGERS & HOURS	**TOTAL**	d. # Update Training(s) for HICAP Counselors	
a. # HICAP Paid Program Managers		e. # HICAP Counselors Attending Update Training(s)	
b. HICAP Paid Program Manager Hours		f. # Counselor Hours in Update Training(s)	

SECTION 5 – TRAVEL TIME		
	Total # Hours Travel Time for Counseling	**Total # Hours for Community Education/Outreach**
a. Volunteer Counselors		
b. HICAP Paid Counselors		
c. In-kind Paid Counselors		

SECTION 6 - NUMBER OF ACTIVE COUNSELORS WITH THE FOLLOWING CHARACTERISTICS			
a. Ethnicity/Race	**Total**	**b. Years of HICAP Service**	**Total**
Hispanic/Latino Origin		Less than 1 year	
Caucasian/White		1 year up to 3 yrs	
African American/Black		3 years up to 5 yrs	
American Indian/Alaskan Native		Over 5 yrs	
Asian		Not collected	
Asian Indian		**c. Additional Language Spoken**	**Total**
Cambodian		Cantonese	
Chinese		Hmong	
Filipino		Spanish	
Japanese		Vietnamese	
Korean		Other	
Laotian		Not Collected	
Vietnamese		**d. Age**	**Total**
Other Asian		18-30	
Native Hawaiian/Pacific Islander		31-59	
Guamanian		60-64	
Hawaiian		65-74	
Samoan		75-84	
Other Pacific Islander		85+	
Other Race		Not collected	
Not Collected		***e.* Gender**	**Total**
		Female	
		Male	
		Not Collected	

SECTION 7- THREE CASE SUMMARIES (please attach additional pages)

SECTION 8 - ACTIVITIES, LESSONS LEARNED, SIGNIFICANT EVENTS

Briefly describe on separate sheets. This section should address the following four topic areas: outreach (including activities targeted at underserved populations), information access and dissemination, training, and partnerships and networking. SEE INSTRUCTIONS FOR DETAILS.